2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# N04000003547

Entity Name: AMVETS POST 33, INC.

Current Principal Place of Business:

5639 FOXLAKE DR
NORTH FT MYERS, FL 339175648

New Principal Place of Business:

Current Mailing Address:

PO BOX 165
FT MYERS, FL 339020165

New Mailing Address:

PO BOX 165
FT MYERS, FL 339020165 US

FEI Number: 56-2452608 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	YOUNG, PHILIP	
Address:	5639 FOXLAKE DR	
City-St-Zip:	NORTH FT MYERS, FL 339175648	
Title:	D	( ) Delete
Name:	CUNNINGHAM, CHARLES	
Address:	5639 FOXLAKE DR	
City-St-Zip:	NORTH FT MYERS, FL 339175648	
Title:	D	( ) Delete
Name:	WATKINS, MATTHEW	
Address:	5639 FOXLAKE DR	
City-St-Zip:	NORTH FT MYERS, FL 339175648	
Title:	P	( ) Delete
Name:	GREENWELL, JOHNIE	
Address:	5639 FOXLAKE DR	
City-St-Zip:	NORTH FT MYERS, FL 339175648	
Title:	V	( ) Delete
Name:	COOK, BRUCE	
Address:	5639 FOXLAKE DR	
City-St-Zip:	NORTH FT MYERS, FL 339175648	
Title:	S	( ) Delete
Name:	WEISBECKER, GEORGE	
Address:	5639 FOXLAKE DR	
City-St-Zip:	NORTH FT MYERS, FL 339175648	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES S. KARMERIS T 04/25/2005

Electronic Signature of Signing Officer or Director — Date